

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

Direct Deposit Authorization

TO:		CASE NUMBER:		
		INDVIDUAL NUMBER:		
☐ I want a DCS ReliaCard. ☐ I want direct deposit to my bank account listed below.				
☐ I want a DCS ReliaCard. ☐ I w FIRST NAME	<u> </u>	LAST NAME		
FIRST NAME MIDDLE INITIAL LAST NAME				
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MONTH/DAY/YEAR)		
MAILING ADDRESS		APT. #		
CITY		STATE	ZIP CODE	
HOME TELEPHONE NUMBER DAYTIME TELEPHO		NE NUMBER	E-MAIL ADDRESS (OPTIONAL)
()	()			
☐ Update my address in the child support system to the address listed above.				
SIGNATURE (REQUIRED)			DATE	
Enter information below if you selected direct deposit to your bank account. Attach a voided check.				
BANK NAME		BANK BRANCH TELEPHONE NUMBER		
		()		
BANK ROUTING NUMBER		BANK ACCOUNT N	UMBER (Checking
				Savings
If you have questions about direct deposit or the DCS ReliaCard, call 800-468-7422.				

Mail To: **DIVISION OF CHILD SUPPORT EFT DISBURSEMENTS** PO BOX 9010 OLYMPIA WA 98507-9010 or Fax to: 360-664-5109



No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.